



OUR REF. NO. _____
YOUR REF. _____





DATE : _____

PROCESS REQUEST FORM

ADDRESSED TO : SECRETARY, TRANSNET BARGAINING COUNCIL

Name of Employer	
Contact Person	
Physical Address	
Postal Address	
Telephone Number	
Fax. Number	
E-Mail Address	
PERSON RESPONSIBLE FOR THIS ACCOUNT TEL. FAX.	
Nature of Dispute	
Agreed Arbitrator/Mediator	
Interpreter <input type="checkbox"/> YES or <input type="checkbox"/> NO	
Event Date(s)	
Venue Details	
Starting Time	
Acceptance of Terms & Conditions Attached	Signature: MANAGEMENT
IN THE CASE OF ARBITRATION, PLEASE FURNISH A COPY OF THE SIGNED ARBITRATION AWARD WITH THIS FORM	
Union Name/Employee	
Contact Person	
Physical Address	
Postal Address	
Telephone Number	
Fax. Number	
E-Mail Address	
PERSON RESPONSIBLE FOR THIS ACCOUNT TEL. FAX,	
Nature of Dispute	
Agreed Arbitrator/Mediator	
Interpreter <input type="checkbox"/> YES or <input type="checkbox"/> NO	
Event Date(s)	
Venue Details	
Starting Time	
Acceptance of Terms & Conditions Attached	Signature: LABOUR

KINDLY FAX THIS COMPLETED FORM TO (011) 486-1226 ONCE YOU HAVE AGREED ON THE PANELIST AND DATE

 2951 Houghton 2041
 486-1226
 486-3003
 secretary@tbc.co.za

